

AMENDED IN SENATE APRIL 23, 2013

SENATE BILL

No. 821

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Block, Corbett, Emmerson, Galgiani, Hernandez, Hill, Padilla, Wyland, and Yee)

March 20, 2013

An act to amend Sections 1613, 1915, 1926.2, 3024, 3025, 3040, 3041.2, 3051, 3057.5, 3077, 3093, 3098, 3103, 3106, 3107, 3109, 3163, 4053, 4107, 4980.36, 4980.43, 4980.72, 4989.68, 4996.3, 4996.9, 4996.18, 4996.23, 4999.20, 4999.33, 4999.46, 4999.47, and 4999.60 of, *and to add Section 4021.5 to*, the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 821, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

(2) Existing law, the Optometry Practice Act, provides for the licensure and regulation of optometrists by the State Board of

Optometry. That act refers to the authorization to practice optometry issued by the board as a certificate of registration.

This bill would instead refer to that authorization issued by the board as an optometrist license and would make other technical and conforming changes.

(3) Existing law, the Pharmacy Law, governs the business and practice of pharmacy in this state and establishes the California State Board of Pharmacy. Existing law prohibits the board from issuing more than one site license to a single premises except to issue a veterinary food-animal drug retailer license to a wholesaler or to issue a license for compound sterile injectable drugs to a pharmacy.

This bill would additionally authorize the board to issue more than one site license to a single premises to issue a centralized hospital packaging license. The bill would also establish a definition for the term “correctional pharmacy.”

Existing law authorizes the board to issue a license as a designated representative to provide supervision in a wholesaler or veterinary food-animal drug retailer. Existing law requires an individual to meet specified requirements to obtain and maintain a designated representative license, including a minimum of one year of paid work experience related to the distribution or dispensing of dangerous drugs or devices or meet certain prerequisites.

The bill would require the one year of paid work experience to obtain a designated representative license to be in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer. The bill would also make related, technical changes.

~~(3)~~

(4) Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences.

Existing law requires all persons applying for marriage and family therapist licensure examinations to have specified hours of experience, not including experience gained by interns or trainees as independent contractors.

This bill would specify that experience *shall not be gained by interns or trainees for work performed as an independent contractor or reported on an IRS Form 1099 does not count towards the necessary experience.*
1099.

Existing law also authorizes the board to issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country if certain conditions are met, considering hours of experience obtained outside of California during the 6-year period immediately preceding the date the applicant initially obtained the license.

This bill would instead require time actively licensed as a marriage and family therapist to be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant has fewer than 3,000 hours of qualifying supervised experience.

Existing law establishes a \$75 delinquent renewal fee for a licensed educational psychologist and for clinical social workers.

This bill would instead specify that \$75 is the maximum delinquent renewal fee.

Existing law requires an applicant for registration as an associate clinical social worker to meet specified requirements. Existing law also defines the application of social work principles and methods.

This bill would additionally require that all applicants and registrants be at all times under the supervision of a supervisor responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who is responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work. The bill would also specify that the practice of clinical social work includes the use, application, and integration of the coursework and experience required.

Existing law requires a licensed professional clinical counselor, to qualify for a clinical examination for licensure, to complete clinical mental health experience, as specified, including not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

This bill instead would require not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

(4)

(5) The bill would also make other technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1613 of the Business and Professions Code is amended to read:

1613. The board shall have and use a seal bearing the name “Dental Board of California.”

SEC. 2. Section 1915 of the Business and Professions Code is amended to read:

1915. No person other than a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning, except for the following persons:

(a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.

(b) A dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Applying nonaerosol and noncaustic topical agents.

(2) Applying topical fluoride.

(3) Taking impressions for bleaching trays.

(c) A registered dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Polishing the coronal surfaces of teeth.

(2) Applying bleaching agents.

(3) Activating bleaching agents with a nonlaser light-curing device.

(4) Applying pit and fissure ~~sealant~~ sealants.

(d) A registered dental assistant in extended functions acting in accordance with the rules of the dental board in applying pit and fissure sealants.

(e) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction, performing a clinical demonstration for educational purposes.

SEC. 3. Section 1926.2 of the Business and Professions Code is amended to read:

1 1926.2. (a) Notwithstanding any other provision of law, a
2 registered dental hygienist in alternative practice may operate one
3 mobile dental hygiene clinic registered as a dental hygiene office
4 or facility. The owner or operator of the mobile dental hygiene
5 clinic or unit shall be registered and operated in accordance with
6 regulations established by the committee, which regulations shall
7 not be designed to prevent or lessen competition in service areas,
8 and shall pay the fees described in Section 1944.

9 (b) A mobile service unit, as defined in subdivision (b) of
10 Section 1765.105 of the Health and Safety Code, and a mobile
11 unit operated by an entity that is exempt from licensure pursuant
12 to subdivision (b), (c), or (h) of Section 1206 of the Health and
13 Safety Code, are exempt from this article. Notwithstanding this
14 exemption, the owner or operator of the mobile unit shall notify
15 the committee within 60 days of the date on which dental hygiene
16 services are first delivered in the mobile unit, or the date on which
17 the mobile unit's application pursuant to Section 1765.130 of the
18 Health and Safety Code is approved, whichever is earlier.

19 (c) A licensee practicing in a mobile unit described in
20 subdivision (b) is not subject to subdivision (a) as to that mobile
21 unit.

22 SEC. 4. Section 3024 of the Business and Professions Code is
23 amended to read:

24 3024. The board may grant or refuse to grant an optometrist
25 license as provided in this chapter and may revoke or suspend the
26 license of any optometrist for any of the causes specified in this
27 chapter.

28 It shall have the power to administer oaths and to take testimony
29 in the exercise of these functions.

30 SEC. 5. Section 3025 of the Business and Professions Code is
31 amended to read:

32 3025. The board may make and promulgate rules and
33 regulations governing procedure of the board, the admission of
34 applicants for examination for a license as an optometrist, and the
35 practice of optometry. All of those rules and regulations shall be
36 in accordance with and not inconsistent with the provisions of this
37 chapter. The rules and regulations shall be adopted, amended, or
38 repealed in accordance with the provisions of the Administrative
39 Procedure Act.

SEC. 6. Section 3040 of the Business and Professions Code is amended to read:

3040. It is unlawful for a person to engage in the practice of optometry or to display a sign or in any other way to advertise or hold himself or herself out as an optometrist without having first obtained an optometrist license from the board under the provisions of this chapter or under the provisions of any former act relating to the practice of optometry. The practice of optometry includes the performing or controlling of any acts set forth in Section 3041.

In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

SEC. 7. Section 3041.2 of the Business and Professions Code is amended to read:

3041.2. (a) The State Board of Optometry shall, by regulation, establish educational and examination requirements for licensure to ~~insure~~ ensure the competence of optometrists to practice pursuant to subdivision (a) of Section 3041. Satisfactory completion of the educational and examination requirements shall be a condition for the issuance of an original optometrist license under this chapter, on and after January 1, 1980. Only those optometrists who have successfully completed educational and examination requirements as determined by the State Board of Optometry shall be permitted the use of pharmaceutical agents specified by subdivision (a) of Section 3041.

(b) Nothing in this section shall authorize an optometrist issued an original optometrist license under this chapter before January 1, 1996, to use or prescribe therapeutic pharmaceutical agents specified in subdivision (d) of Section 3041 without otherwise meeting the requirements of Section 3041.3.

SEC. 8. Section 3051 of the Business and Professions Code is amended to read:

3051. All applicants for examination for an optometrist license in accordance with the educational and examination requirements adopted pursuant to Section 3023.1 shall show the board by satisfactory evidence that he or she has received education in child abuse detection and the detection of alcoholism and other chemical substance dependency. This section shall apply only to applicants who matriculate in a school of optometry on or after September 1, 1997.

1 SEC. 9. Section 3057.5 of the Business and Professions Code
2 is amended to read:

3 3057.5. Notwithstanding any other provision of this chapter,
4 the board shall permit a graduate of a foreign university who meets
5 all of the following requirements to take the examinations for an
6 optometrist license:

- 7 (a) Is over ~~the age of~~ 18 years *of age*.
8 (b) Is not subject to denial of a license under Section 480.
9 (c) Has a degree as a doctor of optometry issued by a university
10 located outside of the United States.

11 SEC. 10. Section 3077 of the Business and Professions Code
12 is amended to read:

13 3077. As used in this section, “office” means any office or
14 other place for the practice of optometry.

15 (a) No person, singly or in combination with others, may have
16 an office unless he or she is licensed to practice optometry under
17 this chapter.

18 (b) An optometrist, or two or more optometrists jointly, may
19 have one office without obtaining a branch office license from the
20 board.

21 (c) On and after October 1, 1959, no optometrist, and no two
22 or more optometrists jointly, may have more than one office unless
23 he or she or they comply with the provisions of this chapter as to
24 an additional office. The additional office, for the purposes of this
25 chapter, constitutes a branch office.

26 (d) Any optometrist who has, or any two or more optometrists,
27 jointly, who have, a branch office prior to January 1, 1957, and
28 who desire to continue the branch office on or after that date shall
29 notify the board in writing of that desire in a manner prescribed
30 by the board.

31 (e) On and after January 1, 1957, any optometrist, or any two
32 or more optometrists, jointly, who desire to open a branch office
33 shall notify the board in writing in a manner prescribed by the
34 board.

35 (f) On and after January 1, 1957, no branch office may be
36 opened or operated without a branch office license. Branch office
37 licenses shall be valid for the calendar year in or for which they
38 are issued and shall be renewable on January ~~1st~~ 1 of each year
39 thereafter. Branch office licenses shall be issued or renewed only
40 upon the payment of the fee therefor prescribed by this chapter.

1 On or after October 1, 1959, no more than one branch office
2 license shall be issued to any optometrist or to any two or more
3 optometrists, jointly.

4 (g) Any failure to comply with the provisions of this chapter
5 relating to branch offices or branch office licenses as to any branch
6 office shall work the suspension of the optometrist license of each
7 optometrist who, individually or with others, has a branch office.
8 An optometrist license so suspended shall not be restored except
9 upon compliance with those provisions and the payment of the fee
10 prescribed by this chapter for restoration of a license after
11 suspension for failure to comply with the provisions of this chapter
12 relating to branch offices.

13 (h) The holder or holders of a branch office license shall pay
14 the annual renewal fee therefor in the amount required by this
15 chapter between the first day of January and the first day of
16 February of each year. The failure to pay the fee in advance on or
17 before February ~~1st~~ 1 of each year during the time it is in force
18 shall ipso facto work the suspension of the branch office license.
19 The license shall not be restored except upon written application
20 and the payment of the penalty prescribed by this chapter, and, in
21 addition, all delinquent branch office fees.

22 (i) Nothing in this chapter shall limit or authorize the board to
23 limit the number of branch offices that are in operation on October
24 1, 1959, and that conform to this chapter, nor prevent an
25 optometrist from acquiring any branch office or offices of his or
26 her parent. The sale after October 1, 1959, of any branch office
27 shall terminate the privilege of operating the branch office, and
28 no new branch office license shall be issued in place of the license
29 issued for the branch office, unless the branch office is the only
30 one operated by the optometrist or by two or more optometrists
31 jointly.

32 Nothing in this chapter shall prevent an optometrist from owning,
33 maintaining, or operating more than one branch office if he or she
34 is in personal attendance at each of his or her offices 50 percent
35 of the time during which the office is open for the practice of
36 optometry.

37 (j) The board shall have the power to adopt, amend, and repeal
38 rules and regulations to carry out the provisions of this section.

39 (k) Notwithstanding any other provision of this section, neither
40 an optometrist nor an individual practice association shall be

deemed to have an additional office solely by reason of the optometrist's participation in an individual practice association or the individual practice association's creation or operation. As used in this subdivision, the term "individual practice association" means an entity that meets all of the following requirements:

(1) Complies with the definition of an optometric corporation in Section 3160.

(2) Operates primarily for the purpose of securing contracts with health care service plans or other third-party payers that make available eye/vision services to enrollees or subscribers through a panel of optometrists.

(3) Contracts with optometrists to serve on the panel of optometrists, but does not obtain an ownership interest in, or otherwise exercise control over, the respective optometric practices of those optometrists on the panel.

Nothing in this subdivision shall be construed to exempt an optometrist who is a member of an individual practice association and who practices optometry in more than one physical location, from the requirement of obtaining a branch office license for each of those locations, as required by this section. However, an optometrist shall not be required to obtain a branch office license solely as a result of his or her participation in an individual practice association in which the members of the individual practice association practice optometry in a number of different locations, and each optometrist is listed as a member of that individual practice association.

SEC. 11. Section 3093 of the Business and Professions Code is amended to read:

3093. Before setting aside the revocation or suspension of any optometrist license, the board may require the applicant to pass the regular examination given for applicants for an optometrist license.

SEC. 12. Section 3098 of the Business and Professions Code is amended to read:

3098. When the holder uses the title of "Doctor" or "Dr." as a prefix to his or her name, without using the word "optometrist" as a suffix to his or her name or in connection with it, or, without holding a diploma from an accredited school of optometry, the letters "Opt. D." or "O.D." as a suffix to his or her name, it

1 constitutes a cause to revoke or suspend his or her optometrist
2 license.

3 SEC. 13. Section 3103 of the Business and Professions Code
4 is amended to read:

5 3103. It is unlawful to include in any advertisement relating
6 to the sale or disposition of goggles, sunglasses, colored glasses,
7 or occupational eye-protective devices, any words or figures that
8 advertise or have a tendency to advertise the practice of optometry.

9 This section does not prohibit the advertising of the practice of
10 optometry by a licensed optometrist in the manner permitted by
11 law.

12 SEC. 14. Section 3106 of the Business and Professions Code
13 is amended to read:

14 3106. Knowingly making or signing any license, certificate,
15 or other document directly or indirectly related to the practice of
16 optometry that falsely represents the existence or nonexistence of
17 a state of facts constitutes unprofessional conduct.

18 SEC. 15. Section 3107 of the Business and Professions Code
19 is amended to read:

20 3107. It is unlawful to use or attempt to use any license or
21 certificate issued by the board that has been purchased, fraudulently
22 issued, counterfeited, or issued by mistake, as a valid license or
23 certificate.

24 SEC. 16. Section 3109 of the Business and Professions Code
25 is amended to read:

26 3109. Directly or indirectly accepting employment to practice
27 optometry from any person not having a valid, unrevoked license
28 as an optometrist or from any company or corporation constitutes
29 unprofessional conduct. Except as provided in this chapter, no
30 optometrist may, singly or jointly with others, be incorporated or
31 become incorporated when the purpose or a purpose of the
32 corporation is to practice optometry or to conduct the practice of
33 optometry.

34 The terms “accepting employment to practice optometry” as
35 used in this section shall not be construed so as to prevent a
36 licensed optometrist from practicing optometry upon an individual
37 patient.

38 Notwithstanding the provisions of this section or the provisions
39 of any other law, a licensed optometrist may be employed to
40 practice optometry by a physician and surgeon who holds a license

1 under this division and who practices in the specialty of
2 ophthalmology or by a health care service plan pursuant to the
3 provisions of Chapter 2.2 (commencing with Section 1340) of
4 Division 2 of the Health and Safety Code.

5 SEC. 17. Section 3163 of the Business and Professions Code
6 is amended to read:

7 3163. Except as provided in Section 3078, the name of an
8 optometric corporation and any name or names under which it
9 may be rendering professional services shall contain and be
10 restricted to the name or the last name of one or more of the
11 present, prospective, or former shareholders and shall include the
12 words optometric corporation or wording or abbreviations denoting
13 corporate existence, provided that the articles of incorporation
14 shall be amended to delete the name of a former shareholder from
15 the name of the corporation within two years from the date the
16 former shareholder dies or otherwise ceases to be a shareholder.

17 SEC. 18. Section 4021.5 is added to the Business and
18 Professions Code, to read:

19 4021.5. "Correctional pharmacy" means a pharmacy, licensed
20 by the board, located within a state correctional facility for the
21 purpose of providing pharmaceutical care to inmates of the state
22 correctional facility.

23 SEC. 19. Section 4053 of the Business and Professions Code
24 is amended to read:

25 4053. (a) Notwithstanding Section 4051, the board may issue
26 a license as a designated representative to provide sufficient and
27 qualified supervision in a wholesaler or veterinary food-animal
28 drug retailer. The designated representative shall protect the public
29 health and safety in the handling, storage, and shipment of
30 dangerous drugs and dangerous devices in the wholesaler or
31 veterinary food-animal drug retailer.

32 (b) An individual may apply for a designated representative
33 license. In order to obtain and maintain that license, the individual
34 shall meet all of the following requirements:

35 (1) He or she shall be a high school graduate or possess a general
36 education development *certificate* equivalent.

37 (2) He or she shall have a minimum of one year of paid work
38 experience *in a licensed pharmacy, or with a drug wholesaler,*
39 *drug distributor, or drug manufacturer,* in the past three years,
40 related to the distribution or dispensing of dangerous drugs or

1 dangerous devices or meet all of the prerequisites to take the
2 examination required for licensure as a pharmacist by the board.

3 (3) He or she shall complete a training program approved by
4 the board that, at a minimum, addresses each of the following
5 subjects:

6 (A) Knowledge and understanding of California law and federal
7 law relating to the distribution of dangerous drugs and dangerous
8 devices.

9 (B) Knowledge and understanding of California law and federal
10 law relating to the distribution of controlled substances.

11 (C) Knowledge and understanding of quality control systems.

12 (D) Knowledge and understanding of the United States
13 Pharmacopoeia standards relating to the safe storage and handling
14 of drugs.

15 (E) Knowledge and understanding of prescription terminology,
16 abbreviations, dosages and format.

17 (4) The board may, by regulation, require training programs to
18 include additional material.

19 (5) The board may not issue a license as a designated
20 representative until the applicant provides proof of completion of
21 the required training to the board.

22 (c) The veterinary food-animal drug retailer or wholesaler shall
23 not operate without a pharmacist or a designated representative
24 on its premises.

25 (d) Only a pharmacist or a designated representative shall
26 prepare and affix the label to veterinary food-animal drugs.

27 (e) Section 4051 shall not apply to any laboratory licensed under
28 Section 351 of Title III of the Public Health Service Act (Public
29 Law 78-410).

30 *SEC. 20. Section 4107 of the Business and Professions Code*
31 *is amended to read:*

32 4107. (a) The board may not issue more than one site license
33 to a single premises except ~~to~~ *as follows:*

34 (1) *To issue a veterinary food-animal drug retailer license to a*
35 *wholesaler or to pursuant to Section 4196.*

36 (2) *To issue a license to compound sterile injectable drugs to a*
37 *pharmacy pursuant to Section 4127.1. For*

38 (3) *To issue a centralized hospital packaging license pursuant*
39 *to Section 4128.*

1 (b) For the purposes of this subdivision, “premises” means a
2 location with its own address and an independent means of ingress
3 and egress.

4 ~~SEC. 18.~~

5 SEC. 21. Section 4980.36 of the Business and Professions
6 Code is amended to read:

7 4980.36. (a) This section shall apply to the following:

8 (1) Applicants for licensure or registration who begin graduate
9 study before August 1, 2012, and do not complete that study on
10 or before December 31, 2018.

11 (2) Applicants for licensure or registration who begin graduate
12 study before August 1, 2012, and who graduate from a degree
13 program that meets the requirements of this section.

14 (3) Applicants for licensure or registration who begin graduate
15 study on or after August 1, 2012.

16 (b) To qualify for a license or registration, applicants shall
17 possess a ~~doctor’s~~ *doctoral* or master’s degree meeting the
18 requirements of this section in marriage, family, and child
19 counseling, marriage and family therapy, couple and family
20 therapy, psychology, clinical psychology, counseling psychology,
21 or counseling with an emphasis in either marriage, family, and
22 child counseling or marriage and family therapy, obtained from a
23 school, college, or university approved by the Bureau for Private
24 Postsecondary Education or accredited by either the Commission
25 ~~on the~~ Accreditation ~~of~~ for Marriage and Family Therapy
26 Education or a regional accrediting agency recognized by the
27 United States Department of Education. The board has the authority
28 to make the final determination as to whether a degree meets all
29 requirements, including, but not limited to, course requirements,
30 regardless of accreditation or approval.

31 (c) A ~~doctor’s~~ *doctoral* or master’s degree program that qualifies
32 for licensure or registration shall do the following:

33 (1) Integrate all of the following throughout its curriculum:

34 (A) Marriage and family therapy principles.

35 (B) The principles of mental health recovery-oriented care and
36 methods of service delivery in recovery-oriented practice
37 environments, among others.

38 (C) An understanding of various cultures and the social and
39 psychological implications of socioeconomic position, and an

1 understanding of how poverty and social stress impact an
2 individual's mental health and recovery.

3 (2) Allow for innovation and individuality in the education of
4 marriage and family therapists.

5 (3) Encourage students to develop the personal qualities that
6 are intimately related to effective practice, including, but not
7 limited to, integrity, sensitivity, flexibility, insight, compassion,
8 and personal presence.

9 (4) Permit an emphasis or specialization that may address any
10 one or more of the unique and complex array of human problems,
11 symptoms, and needs of Californians served by marriage and
12 family therapists.

13 (5) Provide students with the opportunity to meet with various
14 consumers and family members of consumers of mental health
15 services to enhance understanding of their experience of mental
16 illness, treatment, and recovery.

17 (d) The degree described in subdivision (b) shall contain no less
18 than 60 semester or 90 quarter units of instruction that includes,
19 but is not limited to, the following requirements:

20 (1) Both of the following:

21 (A) No less than 12 semester or 18 quarter units of coursework
22 in theories, principles, and methods of a variety of
23 psychotherapeutic orientations directly related to marriage and
24 family therapy and marital and family systems approaches to
25 treatment and how these theories can be applied therapeutically
26 with individuals, couples, families, adults, including elder adults,
27 children, adolescents, and groups to improve, restore, or maintain
28 healthy relationships.

29 (B) Practicum that involves direct client contact, as follows:

30 (i) A minimum of six semester or nine quarter units of practicum
31 in a supervised clinical placement that provides supervised
32 fieldwork experience.

33 (ii) A minimum of 150 hours of face-to-face experience
34 counseling individuals, couples, families, or groups.

35 (iii) A student must be enrolled in a practicum course while
36 counseling clients, except as specified in subdivision (c) of Section
37 4980.42.

38 (iv) The practicum shall provide training in all of the following
39 areas:

40 (I) Applied use of theory and psychotherapeutic techniques.

1 (II) Assessment, diagnosis, and prognosis.

2 (III) Treatment of individuals and premarital, couple, family,
3 and child relationships, including trauma and abuse, dysfunctions,
4 healthy functioning, health promotion, illness prevention, and
5 working with families.

6 (IV) Professional writing, including documentation of services,
7 treatment plans, and progress notes.

8 (V) How to connect people with resources that deliver the
9 quality of services and support needed in the community.

10 (v) Educational institutions are encouraged to design the
11 practicum required by this subparagraph to include marriage and
12 family therapy experience in low income and multicultural mental
13 health settings.

14 (vi) In addition to the 150 hours required in clause (ii), 75 hours
15 of either of the following:

16 (I) Client centered advocacy, as defined in Section 4980.03.

17 (II) Face-to-face experience counseling individuals, couples,
18 families, or groups.

19 (2) Instruction in all of the following:

20 (A) Diagnosis, assessment, prognosis, and treatment of mental
21 disorders, including severe mental disorders, evidence-based
22 practices, psychological testing, psychopharmacology, and
23 promising mental health practices that are evaluated in peer
24 reviewed literature.

25 (B) Developmental issues from infancy to old age, including
26 instruction in all of the following areas:

27 (i) The effects of developmental issues on individuals, couples,
28 and family relationships.

29 (ii) The psychological, psychotherapeutic, and health
30 implications of developmental issues and their effects.

31 (iii) Aging and its biological, social, cognitive, and
32 psychological aspects.

33 (iv) A variety of cultural understandings of human development.

34 (v) The understanding of human behavior within the social
35 context of socioeconomic status and other contextual issues
36 affecting social position.

37 (vi) The understanding of human behavior within the social
38 context of a representative variety of the cultures found within
39 California.

1 (vii) The understanding of the impact that personal and social
2 insecurity, social stress, low educational levels, inadequate housing,
3 and malnutrition have on human development.

4 (C) The broad range of matters and life events that may arise
5 within marriage and family relationships and within a variety of
6 California cultures, including instruction in all of the following:

7 (i) A minimum of seven contact hours of training or coursework
8 in child abuse assessment and reporting as specified in Section 28,
9 and any regulations promulgated thereunder.

10 (ii) Spousal or partner abuse assessment, detection, intervention
11 strategies, and same gender abuse dynamics.

12 (iii) Cultural factors relevant to abuse of partners and family
13 members.

14 (iv) Childbirth, child rearing, parenting, and stepparenting.

15 (v) Marriage, divorce, and blended families.

16 (vi) Long-term care.

17 (vii) End of life and grief.

18 (viii) Poverty and deprivation.

19 (ix) Financial and social stress.

20 (x) Effects of trauma.

21 (xi) The psychological, psychotherapeutic, community, and
22 health implications of the matters and life events described in
23 clauses (i) to (x), inclusive.

24 (D) Cultural competency and sensitivity, including a familiarity
25 with the racial, cultural, linguistic, and ethnic backgrounds of
26 persons living in California.

27 (E) Multicultural development and cross-cultural interaction,
28 including experiences of race, ethnicity, class, spirituality, sexual
29 orientation, gender, and disability, and their incorporation into the
30 psychotherapeutic process.

31 (F) The effects of socioeconomic status on treatment and
32 available resources.

33 (G) Resilience, including the personal and community qualities
34 that enable persons to cope with adversity, trauma, tragedy, threats,
35 or other stresses.

36 (H) Human sexuality, including the study of physiological,
37 psychological, and social cultural variables associated with sexual
38 behavior and gender identity, and the assessment and treatment of
39 psychosexual dysfunction.

1 (I) Substance use disorders, co-occurring disorders, and
2 addiction, including, but not limited to, instruction in all of the
3 following:

4 (i) The definition of substance use disorders, co-occurring
5 disorders, and addiction. For purposes of this subparagraph,
6 “co-occurring disorders” means a mental illness and substance
7 abuse diagnosis occurring simultaneously in an individual.

8 (ii) Medical aspects of substance use disorders and co-occurring
9 disorders.

10 (iii) The effects of psychoactive drug use.

11 (iv) Current theories of the etiology of substance abuse and
12 addiction.

13 (v) The role of persons and systems that support or compound
14 substance abuse and addiction.

15 (vi) Major approaches to identification, evaluation, and treatment
16 of substance use disorders, co-occurring disorders, and addiction,
17 including, but not limited to, best practices.

18 (vii) Legal aspects of substance abuse.

19 (viii) Populations at risk with regard to substance use disorders
20 and co-occurring disorders.

21 (ix) Community resources offering screening, assessment,
22 treatment, and followup for the affected person and family.

23 (x) Recognition of substance use disorders, co-occurring
24 disorders, and addiction, and appropriate referral.

25 (xi) The prevention of substance use disorders and addiction.

26 (J) California law and professional ethics for marriage and
27 family therapists, including instruction in all of the following areas
28 of study:

29 (i) Contemporary professional ethics and statutory, regulatory,
30 and decisional laws that delineate the scope of practice of marriage
31 and family therapy.

32 (ii) The therapeutic, clinical, and practical considerations
33 involved in the legal and ethical practice of marriage and family
34 therapy, including, but not limited to, family law.

35 (iii) The current legal patterns and trends in the mental health
36 professions.

37 (iv) The psychotherapist-patient privilege, confidentiality, the
38 patient dangerous to self or others, and the treatment of minors
39 with and without parental consent.

1 (v) A recognition and exploration of the relationship between
2 a practitioner's sense of self and human values and his or her
3 professional behavior and ethics.

4 (vi) Differences in legal and ethical standards for different types
5 of work settings.

6 (vii) Licensing law and licensing process.

7 (e) The degree described in subdivision (b) shall, in addition to
8 meeting the requirements of subdivision (d), include instruction
9 in case management, systems of care for the severely mentally ill,
10 public and private services and supports available for the severely
11 mentally ill, community resources for persons with mental illness
12 and for victims of abuse, disaster and trauma response, advocacy
13 for the severely mentally ill, and collaborative treatment. This
14 instruction may be provided either in credit level coursework or
15 through extension programs offered by the degree-granting
16 institution.

17 (f) The changes made to law by this section are intended to
18 improve the educational qualifications for licensure in order to
19 better prepare future licentiates for practice, and are not intended
20 to expand or restrict the scope of practice for marriage and family
21 therapists.

22 ~~SEC. 19.~~

23 *SEC. 22.* Section 4980.43 of the Business and Professions
24 Code is amended to read:

25 4980.43. (a) Prior to applying for licensure examinations, each
26 applicant shall complete experience that shall comply with the
27 following:

28 (1) A minimum of 3,000 hours completed during a period of at
29 least 104 weeks.

30 (2) Not more than 40 hours in any seven consecutive days.

31 (3) Not less than 1,700 hours of supervised experience
32 completed subsequent to the granting of the qualifying master's
33 or doctoral degree.

34 (4) Not more than 1,300 hours of supervised experience obtained
35 prior to completing a master's or doctoral degree.

36 The applicant shall not be credited with more than 750 hours of
37 counseling and direct supervisor contact prior to completing the
38 master's or doctoral degree.

1 (5) No hours of experience may be gained prior to completing
2 either 12 semester units or 18 quarter units of graduate instruction
3 and becoming a trainee except for personal psychotherapy.

4 (6) No hours of experience may be gained more than six years
5 prior to the date the application for examination eligibility was
6 filed, except that up to 500 hours of clinical experience gained in
7 the supervised practicum required by subdivision (c) of Section
8 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
9 of Section 4980.36 shall be exempt from this six-year requirement.

10 (7) Not more than a combined total of 1,000 hours of experience
11 in the following:

12 (A) Direct supervisor contact.

13 (B) Professional enrichment activities. For purposes of this
14 chapter, “professional enrichment activities” include the following:

15 (i) Workshops, seminars, training sessions, or conferences
16 directly related to marriage and family therapy attended by the
17 applicant that are approved by the applicant’s supervisor. An
18 applicant shall have no more than 250 hours of verified attendance
19 at these workshops, seminars, training sessions, or conferences.

20 (ii) Participation by the applicant in personal psychotherapy,
21 which includes group, marital or conjoint, family, or individual
22 psychotherapy by an appropriately licensed professional. An
23 applicant shall have no more than 100 hours of participation in
24 personal psychotherapy. The applicant shall be credited with three
25 hours of experience for each hour of personal psychotherapy.

26 (8) Not more than 500 hours of experience providing group
27 therapy or group counseling.

28 (9) For all hours gained on or after January 1, 2012, not more
29 than 500 hours of experience in the following:

30 (A) Experience administering and evaluating psychological
31 tests, writing clinical reports, writing progress notes, or writing
32 process notes.

33 (B) Client centered advocacy.

34 (10) Not less than 500 total hours of experience in diagnosing
35 and treating couples, families, and children. For up to 150 hours
36 of treating couples and families in conjoint therapy, the applicant
37 shall be credited with two hours of experience for each hour of
38 therapy provided.

1 (11) Not more than 375 hours of experience providing personal
2 psychotherapy, crisis counseling, or other counseling services via
3 telehealth in accordance with Section 2290.5.

4 (12) It is anticipated and encouraged that hours of experience
5 will include working with elders and dependent adults who have
6 physical or mental limitations that restrict their ability to carry out
7 normal activities or protect their rights.

8 This subdivision shall only apply to hours gained on and after
9 January 1, 2010.

10 (b) All applicants, trainees, and registrants shall be at all times
11 under the supervision of a supervisor who shall be responsible for
12 ensuring that the extent, kind, and quality of counseling performed
13 is consistent with the training and experience of the person being
14 supervised, and who shall be responsible to the board for
15 compliance with all laws, rules, and regulations governing the
16 practice of marriage and family therapy. Supervised experience
17 shall be gained by interns and trainees only as an employee or as
18 a volunteer. The requirements of this chapter regarding gaining
19 hours of experience and supervision are applicable equally to
20 employees and volunteers. ~~Work performed by an intern or trainee~~
21 ~~as an independent contractor or reported on an IRS Form 1099~~
22 ~~shall not satisfy the requirements of this chapter regarding gaining~~
23 ~~hours of supervised experience. Experience shall not be gained~~
24 ~~by interns or trainees for work performed as an independent~~
25 ~~contractor or reported on an IRS Form 1099.~~

26 (1) If employed, an intern shall provide the board with copies
27 of the corresponding W-2 tax forms for each year of experience
28 claimed upon application for licensure.

29 (2) If volunteering, an intern shall provide the board with a letter
30 from his or her employer verifying the intern's employment as a
31 volunteer upon application for licensure.

32 (c) Except for experience gained pursuant to subparagraph (B)
33 of paragraph (7) of subdivision (a), supervision shall include at
34 least one hour of direct supervisor contact in each week for which
35 experience is credited in each work setting, as specified:

36 (1) A trainee shall receive an average of at least one hour of
37 direct supervisor contact for every five hours of client contact in
38 each setting.

39 (2) An individual supervised after being granted a qualifying
40 degree shall receive at least one additional hour of direct supervisor

1 contact for every week in which more than 10 hours of client
2 contact is gained in each setting. No more than five hours of
3 supervision, whether individual or group, shall be credited during
4 any single week.

5 (3) For purposes of this section, “one hour of direct supervisor
6 contact” means one hour per week of face-to-face contact on an
7 individual basis or two hours per week of face-to-face contact in
8 a group.

9 (4) Direct supervisor contact shall occur within the same week
10 as the hours claimed.

11 (5) Direct supervisor contact provided in a group shall be
12 provided in a group of not more than eight supervisees and in
13 segments lasting no less than one continuous hour.

14 (6) Notwithstanding paragraph (3), an intern working in a
15 governmental entity, a school, a college, or a university, or an
16 institution that is both nonprofit and charitable may obtain the
17 required weekly direct supervisor contact via two-way, real-time
18 videoconferencing. The supervisor shall be responsible for ensuring
19 that client confidentiality is upheld.

20 (7) All experience gained by a trainee shall be monitored by the
21 supervisor as specified by regulation.

22 (d) (1) A trainee may be credited with supervised experience
23 completed in any setting that meets all of the following:

24 (A) Lawfully and regularly provides mental health counseling
25 or psychotherapy.

26 (B) Provides oversight to ensure that the trainee’s work at the
27 setting meets the experience and supervision requirements set forth
28 in this chapter and is within the scope of practice for the profession
29 as defined in Section 4980.02.

30 (C) Is not a private practice owned by a licensed marriage and
31 family therapist, a licensed psychologist, a licensed clinical social
32 worker, a licensed physician and surgeon, or a professional
33 corporation of any of those licensed professions.

34 (2) Experience may be gained by the trainee solely as part of
35 the position for which the trainee volunteers or is employed.

36 (e) (1) An intern may be credited with supervised experience
37 completed in any setting that meets both of the following:

38 (A) Lawfully and regularly provides mental health counseling
39 or psychotherapy.

1 (B) Provides oversight to ensure that the intern's work at the
2 setting meets the experience and supervision requirements set forth
3 in this chapter and is within the scope of practice for the profession
4 as defined in Section 4980.02.

5 (2) An applicant shall not be employed or volunteer in a private
6 practice, as defined in subparagraph (C) of paragraph (1) of
7 subdivision (d), until registered as an intern.

8 (3) While an intern may be either a paid employee or a
9 volunteer, employers are encouraged to provide fair remuneration
10 to interns.

11 (4) Except for periods of time during a supervisor's vacation or
12 sick leave, an intern who is employed or volunteering in private
13 practice shall be under the direct supervision of a licensee that has
14 satisfied the requirements of subdivision (g) of Section 4980.03.
15 The supervising licensee shall either be employed by and practice
16 at the same site as the intern's employer, or shall be an owner or
17 shareholder of the private practice. Alternative supervision may
18 be arranged during a supervisor's vacation or sick leave if the
19 supervision meets the requirements of this section.

20 (5) Experience may be gained by the intern solely as part of the
21 position for which the intern volunteers or is employed.

22 (f) Except as provided in subdivision (g), all persons shall
23 register with the board as an intern in order to be credited for
24 postdegree hours of supervised experience gained toward licensure.

25 (g) Except when employed in a private practice setting, all
26 postdegree hours of experience shall be credited toward licensure
27 so long as the applicant applies for the intern registration within
28 90 days of the granting of the qualifying master's or doctoral
29 degree and is thereafter granted the intern registration by the board.

30 (h) Trainees, interns, and applicants shall not receive any
31 remuneration from patients or clients, and shall only be paid by
32 their employers.

33 (i) Trainees, interns, and applicants shall only perform services
34 at the place where their employers regularly conduct business,
35 which may include performing services at other locations, so long
36 as the services are performed under the direction and control of
37 their employer and supervisor, and in compliance with the laws
38 and regulations pertaining to supervision. Trainees and interns
39 shall have no proprietary interest in their employers' businesses
40 and shall not lease or rent space, pay for furnishings, equipment,

1 or supplies, or in any other way pay for the obligations of their
2 employers.

3 (j) Trainees, interns, or applicants who provide volunteered
4 services or other services, and who receive no more than a total,
5 from all work settings, of five hundred dollars (\$500) per month
6 as reimbursement for expenses actually incurred by those trainees,
7 interns, or applicants for services rendered in any lawful work
8 setting other than a private practice shall be considered an
9 employee and not an independent contractor. The board may audit
10 applicants who receive reimbursement for expenses, and the
11 applicants shall have the burden of demonstrating that the payments
12 received were for reimbursement of expenses actually incurred.

13 (k) Each educational institution preparing applicants for
14 licensure pursuant to this chapter shall consider requiring, and
15 shall encourage, its students to undergo individual, marital or
16 conjoint, family, or group counseling or psychotherapy, as
17 appropriate. Each supervisor shall consider, advise, and encourage
18 his or her interns and trainees regarding the advisability of
19 undertaking individual, marital or conjoint, family, or group
20 counseling or psychotherapy, as appropriate. Insofar as it is deemed
21 appropriate and is desired by the applicant, the educational
22 institution and supervisors are encouraged to assist the applicant
23 in locating that counseling or psychotherapy at a reasonable cost.

24 ~~SEC. 20.~~

25 *SEC. 23.* Section 4980.72 of the Business and Professions
26 Code is amended to read:

27 4980.72. (a) This section applies to persons who are licensed
28 outside of California and apply for licensure on or after January
29 1, 2014.

30 (b) The board may issue a license to a person who, at the time
31 of submitting an application for a license pursuant to this chapter,
32 holds a valid license in good standing issued by a board of marriage
33 counselor examiners, board of marriage and family therapists, or
34 corresponding authority, of any state or country, if all of the
35 following conditions are satisfied:

36 (1) The applicant's education is substantially equivalent, as
37 defined in Section 4980.78. The applicant's degree title need not
38 be identical to that required by Section 4980.36 or 4980.37.

39 (2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a marriage and family therapist shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.

~~SEC. 21.~~

SEC. 24. Section 4989.68 of the Business and Professions Code is amended to read:

4989.68. (a) The board shall assess the following fees relating to the licensure of educational psychologists:

(1) The application fee for examination eligibility shall be one hundred dollars (\$100).

(2) The fee for issuance of the initial license shall be a maximum amount of one hundred fifty dollars (\$150).

(3) The fee for license renewal shall be a maximum amount of one hundred fifty dollars (\$150).

(4) The delinquency fee shall be a maximum amount of seventy-five dollars (\$75). A person who permits his or her license to become delinquent may have it restored only upon payment of all the fees that he or she would have paid if the license had not become delinquent, plus the payment of any and all delinquency fees.

(5) The written examination fee shall be one hundred dollars (\$100). An applicant who fails to appear for an examination, once

1 having been scheduled, shall forfeit any examination fees he or
2 she paid.

3 (6) The fee for rescoring a written examination shall be twenty
4 dollars (\$20).

5 (7) The fee for issuance of a replacement registration, license,
6 or certificate shall be twenty dollars (\$20).

7 (8) The fee for issuance of a certificate or letter of good standing
8 shall be twenty-five dollars (\$25).

9 (9) The fee for issuance of a retired license shall be forty dollars
10 (\$40).

11 (b) With regard to all license, examination, and other fees, the
12 board shall establish fee amounts at or below the maximum
13 amounts specified in this chapter.

14 ~~SEC. 22.~~

15 *SEC. 25.* Section 4996.3 of the Business and Professions Code,
16 as amended by Section 55 of Chapter 799 of the Statutes of 2012,
17 is amended to read:

18 4996.3. (a) The board shall assess the following fees relating
19 to the licensure of clinical social workers:

20 (1) The application fee for registration as an associate clinical
21 social worker shall be seventy-five dollars (\$75).

22 (2) The fee for renewal of an associate clinical social worker
23 registration shall be seventy-five dollars (\$75).

24 (3) The fee for application for examination eligibility shall be
25 one hundred dollars (\$100).

26 (4) The fee for the clinical examination shall be one hundred
27 dollars (\$100). The fee for the California law and ethics
28 examination shall be one hundred dollars (\$100).

29 (A) An applicant who fails to appear for an examination, after
30 having been scheduled to take the examination, shall forfeit the
31 examination fees.

32 (B) The amount of the examination fees shall be based on the
33 actual cost to the board of developing, purchasing, and grading
34 each examination and the actual cost to the board of administering
35 each examination. The written examination fees shall be adjusted
36 periodically by regulation to reflect the actual costs incurred by
37 the board.

38 (5) The fee for rescoring an examination shall be twenty dollars
39 (\$20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars (\$155).

(7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars (\$155).

(8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents (\$77.50).

(9) The renewal delinquency fee shall be a maximum of seventy-five dollars (\$75). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

(12) The fee for issuance of a retired license shall be forty dollars (\$40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall become operative on January 1, 2014.

~~SEC. 23.~~

SEC. 26. Section 4996.9 of the Business and Professions Code is amended to read:

4996.9. The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; doing research related to social work; and the use, application, and integration of the coursework and experience required by Sections 4996.2 and 4996.23.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation,

1 to acquire greater human realization of psychosocial potential and
2 adaptation, and to modify internal and external conditions which
3 affect individuals, groups, or communities in respect to behavior,
4 emotions, and thinking, in respect to their intrapersonal and
5 interpersonal processes.

6 ~~SEC. 24.~~

7 *SEC. 27.* Section 4996.18 of the Business and Professions
8 Code is amended to read:

9 4996.18. (a) A person who wishes to be credited with
10 experience toward licensure requirements shall register with the
11 board as an associate clinical social worker prior to obtaining that
12 experience. The application shall be made on a form prescribed
13 by the board.

14 (b) An applicant for registration shall satisfy the following
15 requirements:

16 (1) Possess a master's degree from an accredited school or
17 department of social work.

18 (2) Have committed no crimes or acts constituting grounds for
19 denial of licensure under Section 480.

20 (3) Commencing January 1, 2014, have completed training or
21 coursework, which may be embedded within more than one course,
22 in California law and professional ethics for clinical social workers,
23 including instruction in all of the following areas of study:

24 (A) Contemporary professional ethics and statutes, regulations,
25 and court decisions that delineate the scope of practice of clinical
26 social work.

27 (B) The therapeutic, clinical, and practical considerations
28 involved in the legal and ethical practice of clinical social work,
29 including, but not limited to, family law.

30 (C) The current legal patterns and trends in the mental health
31 professions.

32 (D) The psychotherapist-patient privilege, confidentiality,
33 dangerous patients, and the treatment of minors with and without
34 parental consent.

35 (E) A recognition and exploration of the relationship between
36 a practitioner's sense of self and human values, and his or her
37 professional behavior and ethics.

38 (F) Differences in legal and ethical standards for different types
39 of work settings.

40 (G) Licensing law and process.

1 (c) An applicant who possesses a master's degree from a school
2 or department of social work that is a candidate for accreditation
3 by the Commission on Accreditation of the Council on Social
4 Work Education shall be eligible, and shall be required, to register
5 as an associate clinical social worker in order to gain experience
6 toward licensure if the applicant has not committed any crimes or
7 acts that constitute grounds for denial of licensure under Section
8 480. That applicant shall not, however, be eligible for examination
9 until the school or department of social work has received
10 accreditation by the Commission on Accreditation of the Council
11 on Social Work Education.

12 (d) All applicants and registrants shall be at all times under the
13 supervision of a supervisor who shall be responsible for ensuring
14 that the extent, kind, and quality of counseling performed is
15 consistent with the training and experience of the person being
16 supervised, and who shall be responsible to the board for
17 compliance with all laws, rules, and regulations governing the
18 practice of clinical social work.

19 (e) Any experience obtained under the supervision of a spouse
20 or relative by blood or marriage shall not be credited toward the
21 required hours of supervised experience. Any experience obtained
22 under the supervision of a supervisor with whom the applicant has
23 a personal relationship that undermines the authority or
24 effectiveness of the supervision shall not be credited toward the
25 required hours of supervised experience.

26 (f) An applicant who possesses a master's degree from an
27 accredited school or department of social work shall be able to
28 apply experience the applicant obtained during the time the
29 accredited school or department was in candidacy status by the
30 Commission on Accreditation of the Council on Social Work
31 Education toward the licensure requirements, if the experience
32 meets the requirements of Section 4996.23. This subdivision shall
33 apply retroactively to persons who possess a master's degree from
34 an accredited school or department of social work and who
35 obtained experience during the time the accredited school or
36 department was in candidacy status by the Commission on
37 Accreditation of the Council on Social Work Education.

38 (g) An applicant for registration or licensure trained in an
39 educational institution outside the United States shall demonstrate
40 to the satisfaction of the board that he or she possesses a master's

1 of social work degree that is equivalent to a master's degree issued
2 from a school or department of social work that is accredited by
3 the Commission on Accreditation of the Council on Social Work
4 Education. These applicants shall provide the board with a
5 comprehensive evaluation of the degree and shall provide any
6 other documentation the board deems necessary. The board has
7 the authority to make the final determination as to whether a degree
8 meets all requirements, including, but not limited to, course
9 requirements regardless of evaluation or accreditation.

10 (h) A registrant shall not provide clinical social work services
11 to the public for a fee, monetary or otherwise, except as an
12 employee.

13 (i) A registrant shall inform each client or patient prior to
14 performing any professional services that he or she is unlicensed
15 and is under the supervision of a licensed professional.

16 ~~SEC. 25.~~

17 *SEC. 28.* Section 4996.23 of the Business and Professions
18 Code is amended to read:

19 4996.23. The experience required by subdivision (c) of Section
20 4996.2 shall meet the following criteria:

21 (a) All persons registered with the board on and after January
22 1, 2002, shall have at least 3,200 hours of post-master's degree
23 supervised experience providing clinical social work services as
24 permitted by Section 4996.9. At least 1,700 hours shall be gained
25 under the supervision of a licensed clinical social worker. The
26 remaining required supervised experience may be gained under
27 the supervision of a licensed mental health professional acceptable
28 to the board as defined by a regulation adopted by the board. This
29 experience shall consist of the following:

30 (1) A minimum of 2,000 hours in clinical psychosocial
31 diagnosis, assessment, and treatment, including psychotherapy or
32 counseling.

33 (2) A maximum of 1,200 hours in client centered advocacy,
34 consultation, evaluation, and research.

35 (3) Of the 2,000 clinical hours required in paragraph (1), no less
36 than 750 hours shall be face-to-face individual or group
37 psychotherapy provided to clients in the context of clinical social
38 work services.

39 (4) A minimum of two years of supervised experience is required
40 to be obtained over a period of not less than 104 weeks and shall

1 have been gained within the six years immediately preceding the
2 date on which the application for licensure was filed.

3 (5) Experience shall not be credited for more than 40 hours in
4 any week.

5 (b) “Supervision” means responsibility for, and control of, the
6 quality of clinical social work services being provided.
7 Consultation or peer discussion shall not be considered to be
8 supervision.

9 (c) (1) Prior to the commencement of supervision, a supervisor
10 shall comply with all requirements enumerated in Section 1870 of
11 Title 16 of the California Code of Regulations and shall sign under
12 penalty of perjury the “Responsibility Statement for Supervisors
13 of an Associate Clinical Social Worker” form.

14 (2) Supervised experience shall include at least one hour of
15 direct supervisor contact for a minimum of 104 weeks. For
16 purposes of this subdivision, “one hour of direct supervisor contact”
17 means one hour per week of face-to-face contact on an individual
18 basis or two hours of face-to-face contact in a group conducted
19 within the same week as the hours claimed.

20 (3) An associate shall receive at least one additional hour of
21 direct supervisor contact for every week in which more than 10
22 hours of face-to-face psychotherapy is performed in each setting
23 in which experience is gained. No more than five hours of
24 supervision, whether individual or group, shall be credited during
25 any single week.

26 (4) Group supervision shall be provided in a group of not more
27 than eight supervisees and shall be provided in segments lasting
28 no less than one continuous hour.

29 (5) Of the 104 weeks of required supervision, 52 weeks shall
30 be individual supervision, and of the 52 weeks of required
31 individual supervision, not less than 13 weeks shall be supervised
32 by a licensed clinical social worker.

33 (6) Notwithstanding paragraph (2), an associate clinical social
34 worker working for a governmental entity, school, college, or
35 university, or an institution that is both a nonprofit and charitable
36 institution, may obtain the required weekly direct supervisor
37 contact via live two-way videoconferencing. The supervisor shall
38 be responsible for ensuring that client confidentiality is preserved.

39 (d) The supervisor and the associate shall develop a supervisory
40 plan that describes the goals and objectives of supervision. These

goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

~~(i) Work performed by an associate as an independent contractor or reported on an IRS Form 1099 shall not satisfy the requirements of this chapter regarding gaining hours of supervised experience. Experience shall not be gained by interns or trainees for work performed as an independent contractor or reported on an IRS Form 1099.00.~~

(j) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(k) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(l) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(m) An associate shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

1 (3) Lease or rent space, pay for furnishings, equipment, or
2 supplies, or in any other way pay for the obligations of his or her
3 employer.

4 (n) An associate, whether employed or volunteering, may obtain
5 supervision from a person not employed by the associate's
6 employer if that person has signed a written agreement with the
7 employer to take supervisory responsibility for the associate's
8 social work services.

9 (o) Notwithstanding any other provision of law, associates and
10 applicants for examination shall receive a minimum of one hour
11 of supervision per week for each setting in which he or she is
12 working.

13 *SEC. 29. Section 4999.20 of the Business and Professions Code*
14 *is amended to read:*

15 4999.20. (a) (1) "Professional clinical counseling" means the
16 application of counseling interventions and psychotherapeutic
17 techniques to identify and remediate cognitive, mental, and
18 emotional issues, including personal growth, adjustment to
19 disability, crisis intervention, and psychosocial and environmental
20 problems, *and the use, application, and integration of the*
21 *coursework and training required by Sections 4999.32 and*
22 *4999.33. "Professional clinical counseling" includes conducting*
23 *assessments for the purpose of establishing counseling goals and*
24 *objectives to empower individuals to deal adequately with life*
25 *situations, reduce stress, experience growth, change behavior, and*
26 *make well-informed, rational decisions.*

27 (2) "Professional clinical counseling" is focused exclusively on
28 the application of counseling interventions and psychotherapeutic
29 techniques for the purposes of improving mental health, and is not
30 intended to capture other, nonclinical forms of counseling for the
31 purposes of licensure. For purposes of this paragraph, "nonclinical"
32 means nonmental health.

33 (3) "Professional clinical counseling" does not include the
34 assessment or treatment of couples or families unless the
35 professional clinical counselor has completed all of the following
36 additional training and education, beyond the minimum training
37 and education required for licensure:

38 (A) One of the following:

39 (i) Six semester units or nine quarter units specifically focused
40 on the theory and application of marriage and family therapy.

(ii) A named specialization or emphasis area on the qualifying degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.

(B) No less than 500 hours of documented supervised experience working directly with couples, families, or children.

(C) A minimum of six hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle.

(4) “Professional clinical counseling” does not include the provision of clinical social work services.

(b) “Counseling interventions and psychotherapeutic techniques” means the application of cognitive, affective, verbal or nonverbal, systemic or holistic counseling strategies that include principles of development, wellness, and maladjustment that reflect a pluralistic society. These interventions and techniques are specifically implemented in the context of a professional clinical counseling relationship and use a variety of counseling theories and approaches.

(c) “Assessment” means selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods designed to measure an individual’s attitudes, abilities, aptitudes, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral concerns and development and the use of methods and techniques for understanding human behavior in relation to coping with, adapting to, or ameliorating changing life situations, as part of the counseling process. “Assessment” shall not include the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior.

(d) Professional clinical counselors shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

~~SEC. 26.~~

SEC. 30. Section 4999.33 of the Business and Professions Code is amended to read:

4999.33. (a) This section shall apply to the following:

1 (1) Applicants for examination eligibility or registration who
2 begin graduate study before August 1, 2012, and do not complete
3 that study on or before December 31, 2018.

4 (2) Applicants for examination eligibility or registration who
5 begin graduate study before August 1, 2012, and who graduate
6 from a degree program that meets the requirements of this section.

7 (3) Applicants for examination eligibility or registration who
8 begin graduate study on or after August 1, 2012.

9 (b) To qualify for examination eligibility or registration,
10 applicants shall possess a master's or doctoral degree that is
11 counseling or psychotherapy in content and that meets the
12 requirements of this section, obtained from an accredited or
13 approved institution, as defined in Section 4999.12. For purposes
14 of this subdivision, a degree is "counseling or psychotherapy in
15 content" if it contains the supervised practicum or field study
16 experience described in paragraph (3) of subdivision (c) and, except
17 as provided in subdivision (f), the coursework in the core content
18 areas listed in subparagraphs (A) to (M), inclusive, of paragraph
19 (1) of subdivision (c).

20 (c) The degree described in subdivision (b) shall contain not
21 less than 60 graduate semester or 90 graduate quarter units of
22 instruction, which shall, except as provided in subdivision (f),
23 include all of the following:

24 (1) The equivalent of at least three semester units or four and
25 one-half quarter units of graduate study in all of the following core
26 content areas:

27 (A) Counseling and psychotherapeutic theories and techniques,
28 including the counseling process in a multicultural society, an
29 orientation to wellness and prevention, counseling theories to assist
30 in selection of appropriate counseling interventions, models of
31 counseling consistent with current professional research and
32 practice, development of a personal model of counseling, and
33 multidisciplinary responses to crises, emergencies, and disasters.

34 (B) Human growth and development across the lifespan,
35 including normal and abnormal behavior and an understanding of
36 developmental crises, disability, psychopathology, and situational
37 and environmental factors that affect both normal and abnormal
38 behavior.

39 (C) Career development theories and techniques, including
40 career development decisionmaking models and interrelationships

1 among and between work, family, and other life roles and factors,
2 including the role of multicultural issues in career development.

3 (D) Group counseling theories and techniques, including
4 principles of group dynamics, group process components, group
5 developmental stage theories, therapeutic factors of group work,
6 group leadership styles and approaches, pertinent research and
7 literature, group counseling methods, and evaluation of
8 effectiveness.

9 (E) Assessment, appraisal, and testing of individuals, including
10 basic concepts of standardized and nonstandardized testing and
11 other assessment techniques, norm-referenced and
12 criterion-referenced assessment, statistical concepts, social and
13 cultural factors related to assessment and evaluation of individuals
14 and groups, and ethical strategies for selecting, administering, and
15 interpreting assessment instruments and techniques in counseling.

16 (F) Multicultural counseling theories and techniques, including
17 counselors' roles in developing cultural self-awareness, identity
18 development, promoting cultural social justice, individual and
19 community strategies for working with and advocating for diverse
20 populations, and counselors' roles in eliminating biases and
21 prejudices, and processes of intentional and unintentional
22 oppression and discrimination.

23 (G) Principles of the diagnostic process, including differential
24 diagnosis, and the use of current diagnostic tools, such as the
25 current edition of the Diagnostic and Statistical Manual, the impact
26 of co-occurring substance use disorders or medical psychological
27 disorders, established diagnostic criteria for mental or emotional
28 disorders, and the treatment modalities and placement criteria
29 within the continuum of care.

30 (H) Research and evaluation, including studies that provide an
31 understanding of research methods, statistical analysis, the use of
32 research to inform evidence-based practice, the importance of
33 research in advancing the profession of counseling, and statistical
34 methods used in conducting research, needs assessment, and
35 program evaluation.

36 (I) Professional orientation, ethics, and law in counseling,
37 including California law and professional ethics for professional
38 clinical counselors, professional ethical standards and legal
39 considerations, licensing law and process, regulatory laws that
40 delineate the profession's scope of practice, counselor-client

1 privilege, confidentiality, the client dangerous to self or others,
2 treatment of minors with or without parental consent, relationship
3 between practitioner's sense of self and human values, functions
4 and relationships with other human service providers, strategies
5 for collaboration, and advocacy processes needed to address
6 institutional and social barriers that impede access, equity, and
7 success for clients.

8 (J) Psychopharmacology, including the biological bases of
9 behavior, basic classifications, indications, and contraindications
10 of commonly prescribed psychopharmacological medications so
11 that appropriate referrals can be made for medication evaluations
12 and so that the side effects of those medications can be identified.

13 (K) Addictions counseling, including substance abuse,
14 co-occurring disorders, and addiction, major approaches to
15 identification, evaluation, treatment, and prevention of substance
16 abuse and addiction, legal and medical aspects of substance abuse,
17 populations at risk, the role of support persons, support systems,
18 and community resources.

19 (L) Crisis or trauma counseling, including crisis theory;
20 multidisciplinary responses to crises, emergencies, or disasters;
21 cognitive, affective, behavioral, and neurological effects associated
22 with trauma; brief, intermediate, and long-term approaches; and
23 assessment strategies for clients in crisis and principles of
24 intervention for individuals with mental or emotional disorders
25 during times of crisis, emergency, or disaster.

26 (M) Advanced counseling and psychotherapeutic theories and
27 techniques, including the application of counseling constructs,
28 assessment and treatment planning, clinical interventions,
29 therapeutic relationships, psychopathology, or other clinical topics.

30 (2) In addition to the course requirements described in paragraph
31 (1), 15 semester units or 22.5 quarter units of advanced coursework
32 to develop knowledge of specific treatment issues or special
33 populations.

34 (3) Not less than six semester units or nine quarter units of
35 supervised practicum or field study experience, or the equivalent,
36 in a clinical setting that provides a range of professional clinical
37 counseling experience, including the following:

38 (A) Applied psychotherapeutic techniques.

39 (B) Assessment.

40 (C) Diagnosis.

- 1 (D) Prognosis.
- 2 (E) Treatment.
- 3 (F) Issues of development, adjustment, and maladjustment.
- 4 (G) Health and wellness promotion.
- 5 (H) Professional writing including documentation of services,
- 6 treatment plans, and progress notes.
- 7 (I) How to find and use resources.
- 8 (J) Other recognized counseling interventions.
- 9 (K) A minimum of 280 hours of face-to-face supervised clinical
- 10 experience counseling individuals, families, or groups.
- 11 (d) The 60 graduate semester units or 90 graduate quarter units
- 12 of instruction required pursuant to subdivision (c) shall, in addition
- 13 to meeting the requirements of subdivision (c), include instruction
- 14 in all of the following:
- 15 (1) The understanding of human behavior within the social
- 16 context of socioeconomic status and other contextual issues
- 17 affecting social position.
- 18 (2) The understanding of human behavior within the social
- 19 context of a representative variety of the cultures found within
- 20 California.
- 21 (3) Cultural competency and sensitivity, including a familiarity
- 22 with the racial, cultural, linguistic, and ethnic backgrounds of
- 23 persons living in California.
- 24 (4) An understanding of the effects of socioeconomic status on
- 25 treatment and available resources.
- 26 (5) Multicultural development and cross-cultural interaction,
- 27 including experiences of race, ethnicity, class, spirituality, sexual
- 28 orientation, gender, and disability and their incorporation into the
- 29 psychotherapeutic process.
- 30 (6) Case management, systems of care for the severely mentally
- 31 ill, public and private services for the severely mentally ill,
- 32 community resources for victims of abuse, disaster and trauma
- 33 response, advocacy for the severely mentally ill, and collaborative
- 34 treatment. The instruction required in this paragraph may be
- 35 provided either in credit level coursework or through extension
- 36 programs offered by the degree-granting institution.
- 37 (7) Human sexuality, including the study of the physiological,
- 38 psychological, and social cultural variables associated with sexual
- 39 behavior, gender identity, and the assessment and treatment of
- 40 psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

~~SEC. 27.~~

SEC. 31. Section 4999.46 of the Business and Professions Code, as amended by Section 65 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.46. (a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants

1 shall complete clinical mental health experience under the general
2 supervision of an approved supervisor as defined in Section
3 4999.12.

4 (b) The experience shall include a minimum of 3,000 postdegree
5 hours of supervised clinical mental health experience related to
6 the practice of professional clinical counseling, performed over a
7 period of not less than two years (104 weeks), which shall include:

8 (1) Not more than 40 hours in any seven consecutive days.

9 (2) Not less than 1,750 hours of direct counseling with
10 individuals or groups in a setting described in Section 4999.44
11 using a variety of psychotherapeutic techniques and recognized
12 counseling interventions within the scope of practice of licensed
13 professional clinical counselors.

14 (3) Not more than 500 hours of experience providing group
15 therapy or group counseling.

16 (4) Not more than 375 hours of experience providing personal
17 psychotherapy, crisis counseling, or other counseling services via
18 telehealth in accordance with Section 2290.5.

19 (5) Not less than 150 hours of clinical experience in a hospital
20 or community mental health setting, as defined in Section 1820 of
21 Title 16 of the California Code of Regulations.

22 (6) Not more than a combined total of 1,250 hours of experience
23 in the following related activities:

24 (A) Direct supervisor contact.

25 (B) Client centered advocacy.

26 (C) Not more than 250 hours of experience administering tests
27 and evaluating psychological tests of clients, writing clinical
28 reports, writing progress notes, or writing process notes.

29 (D) Not more than 250 hours of verified attendance at
30 workshops, seminars, training sessions, or conferences directly
31 related to professional clinical counseling that are approved by the
32 applicant's supervisor.

33 (c) No hours of clinical mental health experience may be gained
34 more than six years prior to the date the application for examination
35 eligibility was filed.

36 (d) An applicant shall register with the board as an intern in
37 order to be credited for postdegree hours of experience toward
38 licensure. Postdegree hours of experience shall be credited toward
39 licensure, provided that the applicant applies for intern registration

1 within 90 days of the granting of the qualifying degree and is
2 registered as an intern by the board.

3 (e) All applicants and interns shall be at all times under the
4 supervision of a supervisor who shall be responsible for ensuring
5 that the extent, kind, and quality of counseling performed is
6 consistent with the training and experience of the person being
7 supervised, and who shall be responsible to the board for
8 compliance with all laws, rules, and regulations governing the
9 practice of professional clinical counseling.

10 (f) Experience obtained under the supervision of a spouse or
11 relative by blood or marriage shall not be credited toward the
12 required hours of supervised experience. Experience obtained
13 under the supervision of a supervisor with whom the applicant has
14 had or currently has a personal, professional, or business
15 relationship that undermines the authority or effectiveness of the
16 supervision shall not be credited toward the required hours of
17 supervised experience.

18 (g) Except for experience gained pursuant to subparagraph (D)
19 of paragraph (6) of subdivision (b), supervision shall include at
20 least one hour of direct supervisor contact in each week for which
21 experience is credited in each work setting.

22 (1) No more than five hours of supervision, whether individual
23 or group, shall be credited during any single week.

24 (2) An intern shall receive at least one additional hour of direct
25 supervisor contact for every week in which more than 10 hours of
26 face-to-face psychotherapy is performed in each setting in which
27 experience is gained.

28 (3) For purposes of this section, “one hour of direct supervisor
29 contact” means one hour of face-to-face contact on an individual
30 basis or two hours of face-to-face contact in a group of not more
31 than eight persons in segments lasting no less than one continuous
32 hour.

33 (4) Notwithstanding paragraph (3), an intern working in a
34 governmental entity, a school, a college, or a university, or an
35 institution that is both nonprofit and charitable, may obtain the
36 required weekly direct supervisor contact via two-way, real-time
37 videoconferencing. The supervisor shall be responsible for ensuring
38 that client confidentiality is upheld.

39 (h) This section shall become operative on January 1, 2014.

1 ~~SEC. 28.~~

2 ~~SEC. 32.~~ Section 4999.47 of the Business and Professions
3 Code is amended to read:

4 4999.47. (a) Clinical counselor trainees, interns, and applicants
5 shall perform services only as an employee or as a volunteer.

6 The requirements of this chapter regarding gaining hours of
7 clinical mental health experience and supervision are applicable
8 equally to employees and volunteers. ~~Work performed as an~~
9 ~~independent contractor or reported on an IRS Form 1099 shall not~~
10 ~~satisfy the requirements of this chapter regarding gaining hours of~~
11 ~~supervised experience. Experience shall not be gained by interns~~
12 ~~or trainees for work performed as an independent contractor or~~
13 ~~reported on an IRS Form 1099.~~

14 (1) If employed, a clinical counselor intern shall provide the
15 board with copies of the corresponding W-2 tax forms for each
16 year of experience claimed upon application for licensure as a
17 professional clinical counselor.

18 (2) If volunteering, a clinical counselor intern shall provide the
19 board with a letter from his or her employer verifying the intern's
20 employment as a volunteer upon application for licensure as a
21 professional clinical counselor.

22 (b) Clinical counselor trainees, interns, and applicants shall not
23 receive any remuneration from patients or clients, and shall only
24 be paid by their employers.

25 (c) While an intern may be either a paid employee or a volunteer,
26 employers are encouraged to provide fair remuneration.

27 (d) Clinical counselor trainees, interns, and applicants who
28 provide voluntary services or other services, and who receive no
29 more than a total, from all work settings, of five hundred dollars
30 (\$500) per month as reimbursement for expenses actually incurred
31 by those clinical counselor trainees, interns, and applicants for
32 services rendered in any lawful work setting other than a private
33 practice shall be considered an employee and not an independent
34 contractor.

35 (e) The board may audit an intern or applicant who receives
36 reimbursement for expenses and the intern or applicant shall have
37 the burden of demonstrating that the payments received were for
38 reimbursement of expenses actually incurred.

39 (f) Clinical counselor trainees, interns, and applicants shall only
40 perform services at the place where their employer regularly

1 conducts business and services, which may include other locations,
2 as long as the services are performed under the direction and
3 control of the employer and supervisor in compliance with the
4 laws and regulations pertaining to supervision. Clinical counselor
5 trainees, interns, and applicants shall have no proprietary interest
6 in the employer's business.

7 (g) Each educational institution preparing applicants for
8 licensure pursuant to this chapter shall consider requiring, and
9 shall encourage, its students to undergo individual, marital or
10 conjoint, family, or group counseling or psychotherapy, as
11 appropriate. Each supervisor shall consider, advise, and encourage
12 his or her interns and clinical counselor trainees regarding the
13 advisability of undertaking individual, marital or conjoint, family,
14 or group counseling or psychotherapy, as appropriate. Insofar as
15 it is deemed appropriate and is desired by the applicant, the
16 educational institution and supervisors are encouraged to assist
17 the applicant in locating that counseling or psychotherapy at a
18 reasonable cost.

19 ~~SEC. 29.~~

20 *SEC. 33.* Section 4999.60 of the Business and Professions
21 Code is amended to read:

22 4999.60. (a) This section applies to persons who are licensed
23 outside of California and apply for examination eligibility on or
24 after January 1, 2014.

25 (b) The board may issue a license to a person who, at the time
26 of submitting an application for a license pursuant to this chapter,
27 holds a valid license as a professional clinical counselor, or other
28 counseling license that allows the applicant to independently
29 provide clinical mental health services, in another jurisdiction of
30 the United States if all of the following conditions are satisfied:

31 (1) The applicant's education is substantially equivalent, as
32 defined in Section 4999.62.

33 (2) The applicant complies with subdivision (b) of Section
34 4999.40, if applicable.

35 (3) The applicant's supervised experience is substantially
36 equivalent to that required for a license under this chapter. If the
37 applicant has less than 3,000 hours of qualifying supervised
38 experience, time actively licensed as a professional clinical
39 counselor shall be accepted at a rate of 100 hours per month up to
40 a maximum of 1,200 hours.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.

~~SEC. 30.~~

SEC. 34. Section 14132 of the Welfare and Institutions Code is amended to read:

14132. The following is the schedule of benefits under this chapter:

(a) Outpatient services are covered as follows:

Physician, hospital or clinic outpatient, surgical center, respiratory care, optometric, chiropractic, psychology, podiatric, occupational therapy, physical therapy, speech therapy, audiology, acupuncture to the extent federal matching funds are provided for acupuncture, and services of persons rendering treatment by prayer or healing by spiritual means in the practice of any church or religious denomination insofar as these can be encompassed by federal participation under an approved plan, subject to utilization controls.

(b) (1) Inpatient hospital services, including, but not limited to, physician and podiatric services, physical therapy and occupational therapy, are covered subject to utilization controls.

(2) For Medi-Cal fee-for-service beneficiaries, emergency services and care that are necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition. This paragraph shall not be construed to change the obligation of Medi-Cal managed care plans to provide emergency services and care. For the purposes of this paragraph, "emergency services and care" and "emergency medical condition" shall have the same meanings as those terms are defined in Section 1317.1 of the Health and Safety Code.

(c) Nursing facility services, subacute care services, and services provided by any category of intermediate care facility for the developmentally disabled, including podiatry, physician, nurse practitioner services, and prescribed drugs, as described in subdivision (d), are covered subject to utilization controls. Respiratory care, physical therapy, occupational therapy, speech therapy, and audiology services for patients in nursing facilities and any category of intermediate care facility for the developmentally disabled are covered subject to utilization controls.

(d) (1) Purchase of prescribed drugs is covered subject to the Medi-Cal List of Contract Drugs and utilization controls.

(2) Purchase of drugs used to treat erectile dysfunction or any off-label uses of those drugs are covered only to the extent that federal financial participation is available.

(3) (A) To the extent required by federal law, the purchase of outpatient prescribed drugs, for which the prescription is executed by a prescriber in written, nonelectronic form on or after April 1, 2008, is covered only when executed on a tamper resistant prescription form. The implementation of this paragraph shall conform to the guidance issued by the federal Centers ~~of~~ *for* Medicare and Medicaid Services but shall not conflict with state statutes on the characteristics of tamper resistant prescriptions for controlled substances, including Section 11162.1 of the Health and Safety Code. The department shall provide providers and beneficiaries with as much flexibility in implementing these rules as allowed by the federal government. The department shall notify and consult with appropriate stakeholders in implementing, interpreting, or making specific this paragraph.

(B) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may take the actions specified in subparagraph (A) by means of a provider bulletin or notice, policy letter, or other similar instructions without taking regulatory action.

(4) (A) (i) For the purposes of this paragraph, nonlegend has the same meaning as defined in subdivision (a) of Section 14105.45.

(ii) Nonlegend acetaminophen-containing products, with the exception of children's acetaminophen-containing products, selected by the department are not covered benefits.

1 (iii) Nonlegend cough and cold products selected by the
2 department are not covered benefits. This clause shall be
3 implemented on the first day of the first calendar month following
4 90 days after the effective date of the act that added this clause,
5 or on the first day of the first calendar month following 60 days
6 after the date the department secures all necessary federal approvals
7 to implement this section, whichever is later.

8 (iv) Beneficiaries under the Early and Periodic Screening,
9 Diagnosis, and Treatment Program shall be exempt from clauses
10 (ii) and (iii).

11 (B) Notwithstanding Chapter 3.5 (commencing with Section
12 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
13 the department may take the actions specified in subparagraph (A)
14 by means of a provider bulletin or notice, policy letter, or other
15 similar instruction without taking regulatory action.

16 (e) Outpatient dialysis services and home hemodialysis services,
17 including physician services, medical supplies, drugs and
18 equipment required for dialysis, are covered, subject to utilization
19 controls.

20 (f) Anesthesiologist services when provided as part of an
21 outpatient medical procedure, nurse anesthetist services when
22 rendered in an inpatient or outpatient setting under conditions set
23 forth by the director, outpatient laboratory services, and X-ray
24 services are covered, subject to utilization controls. Nothing in
25 this subdivision shall be construed to require prior authorization
26 for anesthesiologist services provided as part of an outpatient
27 medical procedure or for portable X-ray services in a nursing
28 facility or any category of intermediate care facility for the
29 developmentally disabled.

30 (g) Blood and blood derivatives are covered.

31 (h) (1) Emergency and essential diagnostic and restorative
32 dental services, except for orthodontic, fixed bridgework, and
33 partial dentures that are not necessary for balance of a complete
34 artificial denture, are covered, subject to utilization controls. The
35 utilization controls shall allow emergency and essential diagnostic
36 and restorative dental services and prostheses that are necessary
37 to prevent a significant disability or to replace previously furnished
38 prostheses which are lost or destroyed due to circumstances beyond
39 the beneficiary's control. Notwithstanding the foregoing, the
40 director may by regulation provide for certain fixed artificial

dentures necessary for obtaining employment or for medical conditions that preclude the use of removable dental prostheses, and for orthodontic services in cleft palate deformities administered by the department's California Children Services Program.

(2) For persons 21 years of age or older, the services specified in paragraph (1) shall be provided subject to the following conditions:

(A) Periodontal treatment is not a benefit.

(B) Endodontic therapy is not a benefit except for vital pulpotomy.

(C) Laboratory processed crowns are not a benefit.

(D) Removable prosthetics shall be a benefit only for patients as a requirement for employment.

(E) The director may, by regulation, provide for the provision of fixed artificial dentures that are necessary for medical conditions that preclude the use of removable dental prostheses.

(F) Notwithstanding the conditions specified in subparagraphs (A) to (E), inclusive, the department may approve services for persons with special medical disorders subject to utilization review.

(3) Paragraph (2) shall become inoperative July 1, 1995.

(i) Medical transportation is covered, subject to utilization controls.

(j) Home health care services are covered, subject to utilization controls.

(k) Prosthetic and orthotic devices and eyeglasses are covered, subject to utilization controls. Utilization controls shall allow replacement of prosthetic and orthotic devices and eyeglasses necessary because of loss or destruction due to circumstances beyond the beneficiary's control. Frame styles for eyeglasses replaced pursuant to this subdivision shall not change more than once every two years, unless the department so directs.

Orthopedic and conventional shoes are covered when provided by a prosthetic and orthotic supplier on the prescription of a physician and when at least one of the shoes will be attached to a prosthesis or brace, subject to utilization controls. Modification of stock conventional or orthopedic shoes when medically indicated, is covered subject to utilization controls. When there is a clearly established medical need that cannot be satisfied by the modification of stock conventional or orthopedic shoes,

1 custom-made orthopedic shoes are covered, subject to utilization
2 controls.

3 Therapeutic shoes and inserts are covered when provided to
4 beneficiaries with a diagnosis of diabetes, subject to utilization
5 controls, to the extent that federal financial participation is
6 available.

7 (l) Hearing aids are covered, subject to utilization controls.
8 Utilization controls shall allow replacement of hearing aids
9 necessary because of loss or destruction due to circumstances
10 beyond the beneficiary's control.

11 (m) Durable medical equipment and medical supplies are
12 covered, subject to utilization controls. The utilization controls
13 shall allow the replacement of durable medical equipment and
14 medical supplies when necessary because of loss or destruction
15 due to circumstances beyond the beneficiary's control. The
16 utilization controls shall allow authorization of durable medical
17 equipment needed to assist a disabled beneficiary in caring for a
18 child for whom the disabled beneficiary is a parent, stepparent,
19 foster parent, or legal guardian, subject to the availability of federal
20 financial participation. The department shall adopt emergency
21 regulations to define and establish criteria for assistive durable
22 medical equipment in accordance with the rulemaking provisions
23 of the Administrative Procedure Act (Chapter 3.5 (commencing
24 with Section 11340) of Part 1 of Division 3 of Title 2 of the
25 Government Code).

26 (n) Family planning services are covered, subject to utilization
27 controls.

28 (o) Inpatient intensive rehabilitation hospital services, including
29 respiratory rehabilitation services, in a general acute care hospital
30 are covered, subject to utilization controls, when either of the
31 following criteria are met:

32 (1) A patient with a permanent disability or severe impairment
33 requires an inpatient intensive rehabilitation hospital program as
34 described in Section 14064 to develop function beyond the limited
35 amount that would occur in the normal course of recovery.

36 (2) A patient with a chronic or progressive disease requires an
37 inpatient intensive rehabilitation hospital program as described in
38 Section 14064 to maintain the patient's present functional level as
39 long as possible.

(p) (1) Adult day health care is covered in accordance with Chapter 8.7 (commencing with Section 14520).

(2) Commencing 30 days after the effective date of the act that added this paragraph, and notwithstanding the number of days previously approved through a treatment authorization request, adult day health care is covered for a maximum of three days per week.

(3) As provided in accordance with paragraph (4), adult day health care is covered for a maximum of five days per week.

(4) As of the date that the director makes the declaration described in subdivision (g) of Section 14525.1, paragraph (2) shall become inoperative and paragraph (3) shall become operative.

(q) (1) Application of fluoride, or other appropriate fluoride treatment as defined by the department, and other prophylaxis treatment for children 17 years of age and under are covered.

(2) All dental hygiene services provided by a registered dental hygienist, registered dental hygienist in extended—~~function~~ *functions*, and registered dental hygienist in alternative practice licensed pursuant to Sections 1753, 1917, 1918, and 1922 of the Business and Professions Code may be covered as long as they are within the scope of Denti-Cal benefits and they are necessary services provided by a registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice.

(r) (1) Paramedic services performed by a city, county, or special district, or pursuant to a contract with a city, county, or special district, and pursuant to a program established under Article 3 (commencing with Section 1480) of Chapter 2.5 of Division 2 of the Health and Safety Code by a paramedic certified pursuant to that article, and consisting of defibrillation and those services specified in subdivision (3) of Section 1482 of the article.

(2) All providers enrolled under this subdivision shall satisfy all applicable statutory and regulatory requirements for becoming a Medi-Cal provider.

(3) This subdivision shall be implemented only to the extent funding is available under Section 14106.6.

(s) In-home medical care services are covered when medically appropriate and subject to utilization controls, for beneficiaries who would otherwise require care for an extended period of time in an acute care hospital at a cost higher than in-home medical

1 care services. The director shall have the authority under this
2 section to contract with organizations qualified to provide in-home
3 medical care services to those persons. These services may be
4 provided to patients placed in shared or congregate living
5 arrangements, if a home setting is not medically appropriate or
6 available to the beneficiary. As used in this section, “in-home
7 medical care service” includes utility bills directly attributable to
8 continuous, 24-hour operation of life-sustaining medical equipment,
9 to the extent that federal financial participation is available.

10 As used in this subdivision, in-home medical care services,—
11 include, but are not limited to:

- 12 (1) Level of care and cost of care evaluations.
- 13 (2) Expenses, directly attributable to home care activities, for
14 materials.
- 15 (3) Physician fees for home visits.
- 16 (4) Expenses directly attributable to home care activities for
17 shelter and modification to shelter.
- 18 (5) Expenses directly attributable to additional costs of special
19 diets, including tube feeding.
- 20 (6) Medically related personal services.
- 21 (7) Home nursing education.
- 22 (8) Emergency maintenance repair.
- 23 (9) Home health agency personnel benefits which permit
24 coverage of care during periods when regular personnel are on
25 vacation or using sick leave.
- 26 (10) All services needed to maintain antiseptic conditions at
27 stoma or shunt sites on the body.
- 28 (11) Emergency and nonemergency medical transportation.
- 29 (12) Medical supplies.
- 30 (13) Medical equipment, including, but not limited to, scales,
31 gurneys, and equipment racks suitable for paralyzed patients.
- 32 (14) Utility use directly attributable to the requirements of home
33 care activities which are in addition to normal utility use.
- 34 (15) Special drugs and medications.
- 35 (16) Home health agency supervision of visiting staff which is
36 medically necessary, but not included in the home health agency
37 rate.
- 38 (17) Therapy services.
- 39 (18) Household appliances and household utensil costs directly
40 attributable to home care activities.

1 (19) Modification of medical equipment for home use.

2 (20) Training and orientation for use of life-support systems,
3 including, but not limited to, support of respiratory functions.

4 (21) Respiratory care practitioner services as defined in Sections
5 3702 and 3703 of the Business and Professions Code, subject to
6 prescription by a physician and surgeon.

7 Beneficiaries receiving in-home medical care services are entitled
8 to the full range of services within the Medi-Cal scope of benefits
9 as defined by this section, subject to medical necessity and
10 applicable utilization control. Services provided pursuant to this
11 subdivision, which are not otherwise included in the Medi-Cal
12 schedule of benefits, shall be available only to the extent that
13 federal financial participation for these services is available in
14 accordance with a home- and community-based services waiver.

15 (t) Home- and community-based services approved by the
16 United States Department of Health and Human Services may be
17 covered to the extent that federal financial participation is available
18 for those services under waivers granted in accordance with Section
19 1396n of Title 42 of the United States Code. The director may
20 seek waivers for any or all home- and community-based services
21 approvable under Section 1396n of Title 42 of the United States
22 Code. Coverage for those services shall be limited by the terms,
23 conditions, and duration of the federal waivers.

24 (u) Comprehensive perinatal services, as provided through an
25 agreement with a health care provider designated in Section
26 14134.5 and meeting the standards developed by the department
27 pursuant to Section 14134.5, subject to utilization controls.

28 The department shall seek any federal waivers necessary to
29 implement the provisions of this subdivision. The provisions for
30 which appropriate federal waivers cannot be obtained shall not be
31 implemented. Provisions for which waivers are obtained or for
32 which waivers are not required shall be implemented
33 notwithstanding any inability to obtain federal waivers for the
34 other provisions. No provision of this subdivision shall be
35 implemented unless matching funds from Subchapter XIX
36 (commencing with Section 1396) of Chapter 7 of Title 42 of the
37 United States Code are available.

38 (v) Early and periodic screening, diagnosis, and treatment for
39 any individual under 21 years of age is covered, consistent with

1 the requirements of Subchapter XIX (commencing with Section
2 1396) of Chapter 7 of Title 42 of the United States Code.

3 (w) Hospice service which is Medicare-certified hospice service
4 is covered, subject to utilization controls. Coverage shall be
5 available only to the extent that no additional net program costs
6 are incurred.

7 (x) When a claim for treatment provided to a beneficiary
8 includes both services which are authorized and reimbursable
9 under this chapter, and services which are not reimbursable under
10 this chapter, that portion of the claim for the treatment and services
11 authorized and reimbursable under this chapter shall be payable.

12 (y) Home- and community-based services approved by the
13 United States Department of Health and Human Services for
14 beneficiaries with a diagnosis of AIDS or ARC, who require
15 intermediate care or a higher level of care.

16 Services provided pursuant to a waiver obtained from the
17 Secretary of the United States Department of Health and Human
18 Services pursuant to this subdivision, and which are not otherwise
19 included in the Medi-Cal schedule of benefits, shall be available
20 only to the extent that federal financial participation for these
21 services is available in accordance with the waiver, and subject to
22 the terms, conditions, and duration of the waiver. These services
23 shall be provided to individual beneficiaries in accordance with
24 the client's needs as identified in the plan of care, and subject to
25 medical necessity and applicable utilization control.

26 The director may under this section contract with organizations
27 qualified to provide, directly or by subcontract, services provided
28 for in this subdivision to eligible beneficiaries. Contracts or
29 agreements entered into pursuant to this division shall not be
30 subject to the Public Contract Code.

31 (z) Respiratory care when provided in organized health care
32 systems as defined in Section 3701 of the Business and Professions
33 Code, and as an in-home medical service as outlined in subdivision
34 (s).

35 (aa) (1) There is hereby established in the department, a
36 program to provide comprehensive clinical family planning
37 services to any person who has a family income at or below 200
38 percent of the federal poverty level, as revised annually, and who
39 is eligible to receive these services pursuant to the waiver identified

1 in paragraph (2). This program shall be known as the Family
2 Planning, Access, Care, and Treatment (Family PACT) Program.

3 (2) The department shall seek a waiver in accordance with
4 Section 1315 of Title 42 of the United States Code, or a state plan
5 amendment adopted in accordance with Section
6 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United States
7 Code, which was added to Section 1396a of Title 42 of the United
8 States Code by Section 2303(a)(2) of the federal Patient Protection
9 and Affordable Care Act (PPACA) (Public Law 111-148), for a
10 program to provide comprehensive clinical family planning
11 services as described in paragraph (8). Under the waiver, the
12 program shall be operated only in accordance with the waiver and
13 the statutes and regulations in paragraph (4) and subject to the
14 terms, conditions, and duration of the waiver. Under the state plan
15 amendment, which shall replace the waiver and shall be known as
16 the Family PACT successor state plan amendment, the program
17 shall be operated only in accordance with this subdivision and the
18 statutes and regulations in paragraph (4). The state shall use the
19 standards and processes imposed by the state on January 1, 2007,
20 including the application of an eligibility discount factor to the
21 extent required by the federal Centers for Medicare and Medicaid
22 Services, for purposes of determining eligibility as permitted under
23 Section 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United
24 States Code. To the extent that federal financial participation is
25 available, the program shall continue to conduct education,
26 outreach, enrollment, service delivery, and evaluation services as
27 specified under the waiver. The services shall be provided under
28 the program only if the waiver and, when applicable, the successor
29 state plan amendment are approved by the federal Centers for
30 Medicare and Medicaid Services and only to the extent that federal
31 financial participation is available for the services. Nothing in this
32 section shall prohibit the department from seeking the Family
33 PACT successor state plan amendment during the operation of the
34 waiver.

35 (3) Solely for the purposes of the waiver or Family PACT
36 successor state plan amendment and notwithstanding any other
37 provision of law, the collection and use of an individual's social
38 security number shall be necessary only to the extent required by
39 federal law.

1 (4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005,
2 and 24013, and any regulations adopted under these statutes shall
3 apply to the program provided for under this subdivision. No other
4 provision of law under the Medi-Cal program or the State-Only
5 Family Planning Program shall apply to the program provided for
6 under this subdivision.

7 (5) Notwithstanding Chapter 3.5 (commencing with Section
8 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
9 the department may implement, without taking regulatory action,
10 the provisions of the waiver after its approval by the federal Health
11 Care Financing Administration and the provisions of this section
12 by means of an all-county letter or similar instruction to providers.
13 Thereafter, the department shall adopt regulations to implement
14 this section and the approved waiver in accordance with the
15 requirements of Chapter 3.5 (commencing with Section 11340) of
16 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
17 six months after the effective date of the act adding this
18 subdivision, the department shall provide a status report to the
19 Legislature on a semiannual basis until regulations have been
20 adopted.

21 (6) In the event that the Department of Finance determines that
22 the program operated under the authority of the waiver described
23 in paragraph (2) or the Family PACT successor state plan
24 amendment is no longer cost effective, this subdivision shall
25 become inoperative on the first day of the first month following
26 the issuance of a 30-day notification of that determination in
27 writing by the Department of Finance to the chairperson in each
28 house that considers appropriations, the chairpersons of the
29 committees, and the appropriate subcommittees in each house that
30 considers the State Budget, and the Chairperson of the Joint
31 Legislative Budget Committee.

32 (7) If this subdivision ceases to be operative, all persons who
33 have received or are eligible to receive comprehensive clinical
34 family planning services pursuant to the waiver described in
35 paragraph (2) shall receive family planning services under the
36 Medi-Cal program pursuant to subdivision (n) if they are otherwise
37 eligible for Medi-Cal with no share of cost, or shall receive
38 comprehensive clinical family planning services under the program
39 established in Division 24 (commencing with Section 24000) either

1 if they are eligible for Medi-Cal with a share of cost or if they are
2 otherwise eligible under Section 24003.

3 (8) For purposes of this subdivision, “comprehensive clinical
4 family planning services” means the process of establishing
5 objectives for the number and spacing of children, and selecting
6 the means by which those objectives may be achieved. These
7 means include a broad range of acceptable and effective methods
8 and services to limit or enhance fertility, including contraceptive
9 methods, federal Food and Drug Administration approved
10 contraceptive drugs, devices, and supplies, natural family planning,
11 abstinence methods, and basic, limited fertility management.
12 Comprehensive clinical family planning services include, but are
13 not limited to, preconception counseling, maternal and fetal health
14 counseling, general reproductive health care, including diagnosis
15 and treatment of infections and conditions, including cancer, that
16 threaten reproductive capability, medical family planning treatment
17 and procedures, including supplies and followup, and
18 informational, counseling, and educational services.
19 Comprehensive clinical family planning services shall not include
20 abortion, pregnancy testing solely for the purposes of referral for
21 abortion or services ancillary to abortions, or pregnancy care that
22 is not incident to the diagnosis of pregnancy. Comprehensive
23 clinical family planning services shall be subject to utilization
24 control and include all of the following:

25 (A) Family planning related services and male and female
26 sterilization. Family planning services for men and women shall
27 include emergency services and services for complications directly
28 related to the contraceptive method, federal Food and Drug
29 Administration approved contraceptive drugs, devices, and
30 supplies, and followup, consultation, and referral services, as
31 indicated, which may require treatment authorization requests.

32 (B) All United States Department of Agriculture, federal Food
33 and Drug Administration approved contraceptive drugs, devices,
34 and supplies that are in keeping with current standards of practice
35 and from which the individual may choose.

36 (C) Culturally and linguistically appropriate health education
37 and counseling services, including informed consent, that include
38 all of the following:

39 (i) Psychosocial and medical aspects of contraception.

40 (ii) Sexuality.

- 1 (iii) Fertility.
- 2 (iv) Pregnancy.
- 3 (v) Parenthood.
- 4 (vi) Infertility.
- 5 (vii) Reproductive health care.
- 6 (viii) Preconception and nutrition counseling.
- 7 (ix) Prevention and treatment of sexually transmitted infection.
- 8 (x) Use of contraceptive methods, federal Food and Drug
- 9 Administration approved contraceptive drugs, devices, and
- 10 supplies.
- 11 (xi) Possible contraceptive consequences and followup.
- 12 (xii) Interpersonal communication and negotiation of
- 13 relationships to assist individuals and couples in effective
- 14 contraceptive method use and planning families.
- 15 (D) A comprehensive health history, updated at the next periodic
- 16 visit (between 11 and 24 months after initial examination) that
- 17 includes a complete obstetrical history, gynecological history,
- 18 contraceptive history, personal medical history, health risk factors,
- 19 and family health history, including genetic or hereditary
- 20 conditions.
- 21 (E) A complete physical examination on initial and subsequent
- 22 periodic visits.
- 23 (F) Services, drugs, devices, and supplies deemed by the federal
- 24 Centers for Medicare and Medicaid Services to be appropriate for
- 25 inclusion in the program.
- 26 (9) In order to maximize the availability of federal financial
- 27 participation under this subdivision, the director shall have the
- 28 discretion to implement the Family PACT successor state plan
- 29 amendment retroactively to July 1, 2010.
- 30 (ab) (1) Purchase of prescribed enteral nutrition products is
- 31 covered, subject to the Medi-Cal list of enteral nutrition products
- 32 and utilization controls.
- 33 (2) Purchase of enteral nutrition products is limited to those
- 34 products to be administered through a feeding tube, including, but
- 35 not limited to, a gastric, nasogastric, or jejunostomy tube.
- 36 Beneficiaries under the Early and Periodic Screening, Diagnosis,
- 37 and Treatment Program shall be exempt from this paragraph.
- 38 (3) Notwithstanding paragraph (2), the department may deem
- 39 an enteral nutrition product, not administered through a feeding
- 40 tube, including, but not limited to, a gastric, nasogastric, or

1 jejunostomy tube, a benefit for patients with diagnoses, including,
2 but not limited to, malabsorption and inborn errors of metabolism,
3 if the product has been shown to be neither investigational nor
4 experimental when used as part of a therapeutic regimen to prevent
5 serious disability or death.

6 (4) Notwithstanding Chapter 3.5 (commencing with Section
7 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
8 the department may implement the amendments to this subdivision
9 made by the act that added this paragraph by means of all-county
10 letters, provider bulletins, or similar instructions, without taking
11 regulatory action.

12 (5) The amendments made to this subdivision by the act that
13 added this paragraph shall be implemented June 1, 2011, or on the
14 first day of the first calendar month following 60 days after the
15 date the department secures all necessary federal approvals to
16 implement this section, whichever is later.

17 (ac) Diabetic testing supplies are covered when provided by a
18 pharmacy, subject to utilization controls.